

DATA ITEM DESCRIPTION		FORM APPROVAL OMB NO 0704-0188	
1. TITLE Accident/Incident Reports		2. IDENTIFICATION NUMBER OT-015	
3. DESCRIPTION / PURPOSE This Data Item Description contains instructions for reporting accidents/incidents which occur on the work site or in connection with the stated work of this contract.			
4. APPROVAL DATE (YYMMDD) 990205	5. OFFICE OF PRIMARY RESPONSIBILITY CEHNC-ED-SY-S	6a. DTIC APPLICABLE	6b. GIDEP APPLICABLE
7. APPLICATION / INTERRELATIONSHIP Required by AR 385-40, USACE Supplement 1 to AR 385-40, EM 385-1-1 (Corps of Engineers Safety and Health Requirements Manual) and CEHNCR 385-1-1 (Safety and Occupational Health Program Management).			
8. APPROVAL LIMITATION	9a. APPLICABLE FORMS	9b. AMSC NUMBER	
10. PREPARATION INSTRUCTIONS 10.1 The following categories of accidents/incidents shall be reported to the Contracting Officer by telephone or written report. 10.1.1 Accidents/Incidents which result in a fatality, injury of employees, lost workdays, and/or property damage assessed at a cost of \$10,000 or more shall be reported telephonically to the Contracting Officer as soon as possible after learning of the incident. The report shall contain as much information as is known concerning the incident. An ENG Form 3394 shall be completed within 30 calendar days after the incident in accordance with the instructions attached to the form and forwarded to the Contracting Officer. The ENG Form 3394 shall be legible and signed by the supervisor of the person injured (or supervisor of the activity where property damage occurred) and by the next level of management. 10.1.2 The contractor shall immediately report to the Contracting Officer any incident which could bring adverse attention or publicity to the U.S. Army or the Corps of Engineers. 10.1.3 The contractor shall maintain a list of alternate points of contact in the event the Contracting Officer is not available. CEHNC shall provide the alternate points of contact.			
11. DISTRIBUTION STATEMENT			